

Checklist

Please use this checklist to ensure that your reimbursement request is complete.

For all projects

- Reimbursement Request Form
- Project Cost Summary Sheet
- Invoices with warrant or canceled checks
- Copy of bid advertisement
- Copy of summary of bids
- Copy of Bid Contract including any change orders
- Property Deeds With Recorded Land Restriction

Land Acquisition

- Recorded Warranty Deed(s)
- Warrant check or evidence of payment
- Statement of Just Compensation
- Written Offer to Purchase
- Statement of Owner(s)
- Statement(s) of Difference in Value (if applicable)
- Attorney's Certificate of Title and 5 Year History of Conveyance
- Report of the Commissioners (If acquisition by eminent domain)

REIMBURSEMENT REQUEST FORM

Project Number: _____	Grant Recipient: _____	Project Name: _____
Address for Payment: _____		

Request Number: _____ Period for which funds are being requested: (month /date/year) From: _____ To: _____ Amount of Request \$ _____	Authorized Grant Recipient: Name: _____ Title: _____ Signature: _____ Date: _____ I certify that I am the individual authorized to request funds. Phone: _____ (area code, phone number, extension)
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Remarks: _____

For Department Use Only					
Contract #: _____					
Payment approved in the amount of			\$ _____		
Claim 1 <input type="checkbox"/>	Claim 2 <input type="checkbox"/>	Claim 3 <input type="checkbox"/>	Claim 4 <input type="checkbox"/>	PARTIAL <input type="checkbox"/>	FINAL <input type="checkbox"/>
Dept R29	FY: _____		Vendor Number: _____		
Invoice Field: _____			Voucher #: _____		
I certify that the goods and/or materials covered by this claim have been inspected and received or the services have been performed and are in accordance with the grant agreement, and therefore is recommended					
Approved By: _____			Date: _____		

Project Cost Summary Sheet

Project Number: _____

Attach copies of all invoices and warrant checks.

Date	Vendor	(Item Description / Land Description)	Invoice or Check #	Amount	For State Use
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
	Total Cost			\$	
	Reimbursement Total:			\$	